

# Index of Claims



Application No.

09/720,657

Examiner

Bruce F. Bell

Applicant(s)

KOSCHANY, PETRA

Art Unit

1746

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 1     | 1        |
| 2     | 2        |
| 3     | 3        |
| 4     | 4        |
| 5     | 5        |
| 6     | 6        |
| 7     | 7        |
| 8     | 8        |
| 9     | 9        |
| 10    | 10       |
| 11    | 11       |
| 12    | 12       |
| 13    | 13       |
| 14    | 14       |
| 15    | 15       |
| 16    | 16       |
| 17    | 17       |
| 18    | 18       |
| 19    | 19       |
| 20    | 20       |
| 21    | 21       |
| 22    | 22       |
| 23    | 23       |
| 24    | 24       |
| 25    | 25       |
| 26    | 26       |
| 27    | 27       |
| 28    | 28       |
| 29    | 29       |
| 30    | 30       |
| 31    | 31       |
| 32    | 32       |
| 33    | 33       |
| 34    | 34       |
| 35    | 35       |
| 36    | 36       |
| 37    | 37       |
| 38    | 38       |
| 39    | 39       |
| 40    | 40       |
| 41    | 41       |
| 42    | 42       |
| 43    | 43       |
| 44    | 44       |
| 45    | 45       |
| 46    | 46       |
| 47    | 47       |
| 48    | 48       |
| 49    | 49       |
| 50    | 50       |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 51    | 51       |
| 52    | 52       |
| 53    | 53       |
| 54    | 54       |
| 55    | 55       |
| 56    | 56       |
| 57    | 57       |
| 58    | 58       |
| 59    | 59       |
| 60    | 60       |
| 61    | 61       |
| 62    | 62       |
| 63    | 63       |
| 64    | 64       |
| 65    | 65       |
| 66    | 66       |
| 67    | 67       |
| 68    | 68       |
| 69    | 69       |
| 70    | 70       |
| 71    | 71       |
| 72    | 72       |
| 73    | 73       |
| 74    | 74       |
| 75    | 75       |
| 76    | 76       |
| 77    | 77       |
| 78    | 78       |
| 79    | 79       |
| 80    | 80       |
| 81    | 81       |
| 82    | 82       |
| 83    | 83       |
| 84    | 84       |
| 85    | 85       |
| 86    | 86       |
| 87    | 87       |
| 88    | 88       |
| 89    | 89       |
| 90    | 90       |
| 91    | 91       |
| 92    | 92       |
| 93    | 93       |
| 94    | 94       |
| 95    | 95       |
| 96    | 96       |
| 97    | 97       |
| 98    | 98       |
| 99    | 99       |
| 100   | 100      |

| Claim | Date     |
|-------|----------|
| Final | Original |
| 101   | 101      |
| 102   | 102      |
| 103   | 103      |
| 104   | 104      |
| 105   | 105      |
| 106   | 106      |
| 107   | 107      |
| 108   | 108      |
| 109   | 109      |
| 110   | 110      |
| 111   | 111      |
| 112   | 112      |
| 113   | 113      |
| 114   | 114      |
| 115   | 115      |
| 116   | 116      |
| 117   | 117      |
| 118   | 118      |
| 119   | 119      |
| 120   | 120      |
| 121   | 121      |
| 122   | 122      |
| 123   | 123      |
| 124   | 124      |
| 125   | 125      |
| 126   | 126      |
| 127   | 127      |
| 128   | 128      |
| 129   | 129      |
| 130   | 130      |
| 131   | 131      |
| 132   | 132      |
| 133   | 133      |
| 134   | 134      |
| 135   | 135      |
| 136   | 136      |
| 137   | 137      |
| 138   | 138      |
| 139   | 139      |
| 140   | 140      |
| 141   | 141      |
| 142   | 142      |
| 143   | 143      |
| 144   | 144      |
| 145   | 145      |
| 146   | 146      |
| 147   | 147      |
| 148   | 148      |
| 149   | 149      |
| 150   | 150      |